

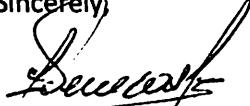
New York, 15 November 2017

Case Nro. 16-12453(MEW)

To whom it may concern: LUIS E VENEGAS

I am using this letter on the specific request because what happen is. I did not know bout this information. Until my mater told me about this information and since august 25/2016 the checks started to bounce did no have money until, it started to delayed for i4 weeks. That is why until now I give this paper because no one was giving no information about it.

Sincerely,



Luis E Venegas

Tell 347 303 5864

U.S. BANKRUPTCY COURT
FILED
2017 NOV 16 A 11:26
CLERK'S OFFICE

New York, 15 November/2017

Case Nro. 16-12453(MEW)

OF: LUIS E VENEGAS

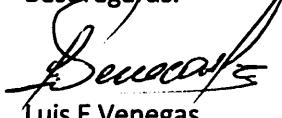
TO: UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK.

By means of the present, I, LUIS E VENEGAS, must manifest to you HONORABLE MICHEL E. WILLES, UNITED STATES BANKRUPTCY JUDGE, that my papers with the documentation and evidences concerning the claim of case Nro. 16-12453(MEW), filed for charter 11 of 8/25/16., were presented on April 6/2017, values that correspond before it declared bankruptcy.

I give this paper because no one was giving no information about it.

I request to you very respectfully to doing to consider said claim.

Best regards.



Luis E Venegas

Telef: 3473035864

U.S. BANKRUPTCY COURT
FILED
2017 NOV 16 AM 11:26
CLERK'S OFFICE

Fill in this information to identify the case:	
Debtor 1	<u>15 JOHN ST</u>
Debtor 2 (Spouse, if filing)	_____
United States Bankruptcy Court for the:	District of _____
Case number	<u>16-12453</u>

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim		
1. Who is the current creditor?	<u>LUIS VENEGAS</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? <u>LUIS VENEGAS</u> Name <u>79-11 41 ST AVE APT B609</u> Number Street <u>ELMHURST</u> <u>NY</u> <u>11373</u> City State ZIP Code Contact phone <u>347-3035864</u> Contact email <u>Lcve1955@hotmail.com</u>	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City _____ State _____ ZIP Code _____ Contact phone _____ Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): -----		
4. Does this claim amend one already filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ 5505.96 Does this amount include interest or other charges?

No

Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.

Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).

Limit disclosing information that is entitled to privacy, such as health care information.

WHY NOT PAY FOR SERVICE PERFORMED.

9. Is all or part of the claim secured? No Yes. The claim is secured by a lien on property.

Nature of property:

Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof-of-Claim*.

Motor vehicle

Other. Describe: _____

Basis for perfection:

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____

Amount of the claim that is secured: \$ _____

Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %

Fixed

Variable

10. Is this claim based on a lease? No

Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No

Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input type="checkbox"/> No	Amount entitled to priority
	<input type="checkbox"/> Yes. Check one:	
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property, or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_____) that applies.	\$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it.
FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date

MM / DD / YYYY

Signature

Print the name of the person who is completing and signing this claim:

Name	First name	Middle name	Last name
Title			
Company	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	Number	Street	
		City	State ZIP Code
Contact phone	Email		

I WORKED IN LESS HALLES FROM JANUARY/2007 TO AUGUST/2016

- PROTESTED CHECK OF THE WEEK FROM JULY 17 TO JULY 23/2016

CHECK VALUE

FEES

\$ 477.51
12

- PENDING CHECK OF THE WEEK FROM JULY 31 TO AUGUST 6/2016

CHECK N° 36041 VALUE

\$ 428.85

- ~~RECEIVED~~ TWO WEEKS TO COLLECT :

WEEK FROM AUGUST 7 TO AUGUST 13/2016 APPROXIMATE VALUE \$ 550

- WEEK FROM AUGUST 14 TO AUGUST 21/2016 APPROXIMATE VALUE \$ 550

- UNPAID VACATION OF 9 YEARS

9 YEARS X \$ 300 BY YEAR

VALUE \$ 2,700.

- UNPAID OF SICK DAYS FOR THREE YEARS

3 YEARS X \$ 300 BY YEAR VALUE \$ 900

LESS ONE PAY DAY FEBRUARY/2016

\$ 112.50

PENDING TO PAY OF SICK DAYS

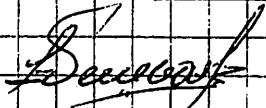
\$ 787.50

TOTAL AMOUNT RECEIVABLE

\$ 5,505.96

* I AM ATTACHING SUPPORT DOCUMENTS.

LOUIS VENEGAS



Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last <i>VALCHS</i>	First <i>LAWRENCE</i>	Middle Initial <i>E</i>	Maiden Name <i>LEWIS</i>
Address (Street Name and Number) <i>5511 1/2 E. 41st Street</i>	City <i>NYC</i>	Apt. # <i>11372</i>	Date of Birth (month/day/year) <i>02-21-1985</i>
State <i>NY</i>	Zip Code <i>10036</i>	Social Security # <i>020-80-5069</i>	
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form. <i>[Signature]</i>		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input checked="" type="checkbox"/> A Lawful Permanent Resident (Alien # <i>A-100-12345</i>) <input type="checkbox"/> An alien authorized to work until <i>1/1/</i> (Alien # or Admission #) Date (month/day/year) <i>01-25-07</i>	
Employee's Signature <i>[Signature]</i>			

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name	
Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title:		<i>Resident Alien</i>		<i>SS Card</i>
Issuing authority:		<i>USCIS</i>		<i>000-00-12345</i>
Document #:		<i>A-100-12345</i>		<i>1/1/2011</i>
Expiration Date (if any):	<i>1/1/2011</i>	<i>1/1/2011</i>		<i>1/1/2011</i>
Document #:				
Expiration Date (if any):	<i>1/1/2011</i>			

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) *1/1/* and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name <i>John Doe</i>	Title <i>Office Manager</i>
Business or Organization Name <i>ABC Corp.</i>	Address (Street Name and Number, City, State, Zip Code) <i>123 Main St. New York, NY 10001</i>	Date (month/day/year) <i>1/25/07</i>

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.		
Document Title:	Document #: _____	Expiration Date (if any): _____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative	Date (month/day/year)	

021000089
08/15/2016
100200000000??00

NSF

This is a **LEGAL COPY** of your check. You can use it the same way you would use the original check.

RETURN REASON (A)
NOT SUFFICIENT FUNDS

NSF

4105/803690001205
25968100080000

15 John Corp 411 Park Ave South, STE B1 New York, NY 10016		TD Bank	64-10410
		Check Date	Check Number
		August 03, 2016	33874
Pay to: Amount:		Paid by Check	
Linda E. Vargas 7911 41st Ave apt # B600 Elmhurst, NY 11373		\$ ***** 477.61	Vaid After 90 Days
Pay to: the order of:			
<input checked="" type="checkbox"/> Grand Signature <small>Indicates that the signature above is a grand signature.</small>			

87404026013673079284318110

•0000047761.

"0000035874" "410260136731" "928431811"

0000047761

DEBIT ADVICE
08150338

Citibank, N.A

BRANCH OR HEAD OFFICE DEPT 8533	DATE 08/15/16	BLOCK 1002	APP BY
------------------------------------	------------------	---------------	--------

WE DEBIT YOUR ACCOUNT AS FOLLOWS

Deposited item was returned unpaid (refer to check). Please review your account to insure a sufficient balance. If overdrawn, holds may be placed on your other accounts until the overdraft is resolved. If you have any questions, please call CitiPhone Customer service at 1-800-627-3999 (Consumers) or 1-877-528-0990 (Business). Hearing or speech impaired clients may call our text telephone service at 1-800-945-0258 (TDD). Representatives are available to assist you 24 hours a day, 7 days a week.

DEBIT

[69]

ACCOUNT NO.

34382027

EDUARDO P VENEGAS
118 CENTRAL AVE APT 2R
BROOKLYN NY 11221-3288

477.61

12.00

16

DEBIT THIS AMOUNT

08150338 21000089 000034382027

THE BACK OF THIS DOCUMENT CONTAINS A THERMOCHROMIC HEAT SENSITIVE FLAG AND AN ARTIFICIAL WATERMARK • HOLD AT AN ANGLE TO VIEW

111 Bank 6410-610

Check Date August 19, 2016 Check Number 36014

Payroll Check

Pay this \$ ***** 428.85

Amount: Four Hundred Twenty Eight Dollars and Eighty Five Cents ****

Void After 90 Days

T80002 500000 295 36014 38

Pay to the order of Luis E Venegas
7911 41st Ave
Apt # B609
Elmhurst, NY 11373

Authorized Signature Security features are included. Details on back MP

0000036014 0260136731 7928431811

15 John Corp
411 Park Ave South, STE B1
New York, NY 10016
(212) 571-2100

Employee Number 295

Department 500000

Check Date	August 05, 2016
Period Beginning	July 17, 2016
Period Ending	July 23, 2016
Check Number	35874
Net Pay	477.61
Check Amount	477.61

Luis E Venegas

Earnings	Rate	Hours	Amount	YTD Hrs	YTD Amt
Reg	7.5000	30.98	232.35	917.62	6771.85
TipsPaid	0.0000		51.52		1563.00
ChgTips	0.0000		300.87		9798.21
Sick					112.50
Total Gross Pay		30.98	584.74	917.62	18245.56

Taxes	Status	Taxable	Amount	YTD Amt
Medicare		\$79.74	8.40	262.44
OASDI		\$79.74	35.94	1122.17
New York, NY (Res)	M/2	\$79.74	12.48	392.31
Federal Income Tax	M/2	\$79.74	25.95	819.77
New York SITW	M/2	\$79.74	18.76	592.82
NY Disability - EE			0.60	18.60
Total Tax Withholding			102.13	3208.11

Direct Deposits Account Amount
No Direct Deposits

18 87 A

15 John Corp
411 Park Ave South, STE B1
New York, NY 10016
(212) 571-2100

Employee Number 295

Department 500000

Check Date	August 19, 2016
Period Beginning	July 31, 2016
Period Ending	August 06, 2016
Check Number	36014
Net Pay	428.85
Check Amount	428.85

Luis E Venegas

Earnings	Rate	Hours	Amount	YTD Hrs	YTD Amt
Reg	7.5000	27.81	208.58	974.52	7198.61
TipsPaid	0.0000		55.38		1674.61
ChgTips	0.0000		253.76		10320.01
Sick					112.50
Total Gross Pay		27.81	517.72	974.52	19305.73

Taxes	Status	Taxable	Amount	YTD Amt
Medicare		\$12.72	7.43	277.67
OASDI		\$12.72	31.79	1187.28
New York, NY (Res)	M/2	\$12.72	10.00	413.22
Federal Income Tax	M/2	\$12.72	19.25	860.75
New York SITW	M/2	\$12.72	14.80	623.88
NY Disability - EE			0.60	19.80
Total Tax Withholding			83.87	3382.60

Direct Deposits Account Amount
No Direct Deposits

18 61 A

Deductions	Amount	YTD Amt
Meals	5.00	156.00
Advance Deduction		20.00
Total Deductions	5.00	176.00

